



## MARYLAND TRANSIT ADMINISTRATION POLICE FORCE

### Citizen's Commendation/Complaint Form

#### **Instructions**

1. Please use this form if you wish to file a Citizen's Complaint or provide a Commendation for personnel of the Maryland Transit Administration Police Force.
2. Please fill in as much information as possible.
3. Please advise if you have any supplemental information, such as video or tape recordings and additional officers' or witnesses' names; you may include this information in the Personnel Involved section of the form.
4. Click on the submit tab at the bottom of the web form upon completion. The form will be reviewed during normal business hours. An assigned Investigator will contact the complainant during normal business hours.
5. You may also download, sign and mail or deliver in person to the MTA Police Force Professional Standards Unit. Maryland Transit Administration Police Force, 1040 Park Avenue, Suite 306, Baltimore, MD, 21201 or call 410-454-7527.
6. Citizens may call or come in person to any District to make their initial complaint or provide a commendation:  
  
Northern District 410-454-1600      4701 Mount Hope Drive, Baltimore, MD 21215  
  
Southern District 410-454-7500      1040 Park Ave, Suite 306, Baltimore, MD 21201
7. Pursuant to Maryland Public Safety Article Title 3 Section 3-104, any complaint of improper use of force must be accompanied by a written, and signed affidavit within 366 days of the incident. An affidavit can be obtained from any district.
8. False accusations or statements which cause an investigation may lead to civil and criminal actions.

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## Citizen's Commendation/Compliant Form

Commendation ☐Compliant ☐

Current Date:		Time:	
Citizen's Name:			
Address:			
Home Phone:		Cellphone:	Work Phone:
Personnel Involved: (if names are not known provide a detailed description)			
Date of Incident:		Time of Incident:	
Location of Incident:			
MTA Police Report #		Citation #	
Type of Incident			
Summary of Incident (include details best to your recollection) Continue of Page 2 if necessary			
Witness Information:			
Citizen's Signature (or receiving Officer's Sequence #)			Date:
Forwarded To (Internal Use only)			

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Incident Summary (Continued):

Citizen's Name:	
Citizen Signature (or receiving Officer Sequence#)	Date: